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## BIB DATA SHEET

CONFIRMATION NO. 9101

<b>SERIAL NUMBER</b> 10/719,007	<b>FILING or 371(c) DATE</b> 11/20/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1611	<b>ATTORNEY DOCKET NO.</b> DURE-007CON2		
<b>APPLICANTS</b> Randolph Mellus Johnson, Half Moon Bay, CA; Felix Theeuwes, Los Altos Hills, CA; <b>** CONTINUING DATA *****</b> This application is a CON of 10/306,727 11/26/2002 PAT 6,689,373 which is a CON of 09/522,535 03/10/2000 PAT 6,541,021 which claims benefit of 60/125,589 03/18/1999 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/19/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /ISIS A D GHALI/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> BOZICEVIC, FIELD & FRANCIS LLP 1900 UNIVERSITY AVENUE SUITE 200 EAST PALO ALTO, CA 94303 UNITED STATES						
<b>TITLE</b> Devices and methods for pain management						
<b>FILING FEE RECEIVED</b> 1732	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		